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BY	MAIL

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF MISSOURI DIVISION

Plaintiff(s), Catherine Ann Kram	
v) Case No
) (to be assigned by Clerk of District Court)
Henry Industries, Inc.)
11 21 20) 11 3) JURY TRIAL DEMANDED
	YES NO
Defendant(s). (Enter above the full name(s))
of all defendants in this lawsuit. Please attach additional sheets if necessary.))

EMPLOYMENT DISCRIMINATION COMPLAINT

	1. This employment discrimination lawsuit is based on (check only those that apply):
	Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. §§ 2000e, et seq., for employment discrimination on the basis of race, color, religion, gender, or national origin. NOTE : In order to bring suit in federal district court under Title VII, you must first obtain a right-to-sue letter from the Equal Employment Opportunity Commission.
	Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. §§ 621, et seq., for employment discrimination on the basis of age (age 40 or older). NOTE: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file charges with the Equal Employment Opportunity Commission.
\checkmark	Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §§ 12101, et seq., for employment discrimination on the basis of disability. NOTE: In order to bring suit in federal district court under the Americans with Disabilities Act you must first obtain a right-to-sue letter from the Faual Employment

Opportunity Commission.

discrized activity	bilitation Act of 1973, as amended, 29 U.S.C. §§ 701, et seq., for employment imination on the basis of a disability by an employer which constitutes a program or ity receiving federal financial assistance. E: In order to bring suit in federal district court under the Rehabilitation Act of 1973, must first file charges with the appropriate Equal Employment Office representative or cy.
Othe	r (Describe)
2.	Plaintiff's name: applying Ann Mramer
	Plaintiff's address: The Contral Darkway Street address or P.O. Box
	Hovissant, Mo. 6303 City/County/State/Zip Code
	314.262.1814
3.	Defendant's name: Area code and telephone number NOUSTVES NO NO NO NO NO NO NO NO NO N
	Defendant's address: Street address of P.O. Box
	City/County/State/Zip Code
	Area code and telephone number

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES, ADDRESSES AND TELEPHONE NUMBERS ON A SEPARATE SHEET OF PAPER.

please provide the following information: Street Address) (City/County) (State) (Zip Code)
5. When did the discrimination occur? Please give the date or time period: Initially May 2018 Filed Complaint immediatly with the State
ADMINISTRATIVE PROCEDURES
6. Did you file a charge of discrimination against the defendant(s) with the Missouri
Commission on Human Rights? Yes Date filed: No
7. Did you file a charge of discrimination against the defendant(s) with the Equal
Employment Opportunity Commission or other federal agency? Yes Date filed:
No
8. Have you received a Notice of Right-to-Sue Letter?
Yes No
If yes, please attach a copy of the letter to this complaint.
9. If you are claiming age discrimination, check one of the following:
60 days or more have passed since I filed my charge of age discrimination with the
Equal Employment Opportunity Commission.
fewer than 60 days have passed since I filed my charge of age discrimination with the
Equal Employment Opportunity Commission.

NATURE OF THE CASE

10.	The conduct complained of in this lawsuit involves (check only those that apply):		
	failure to hire me		
	termination of my employment		
	failure to promote me		
	failure to accommodate my disability		
	terms and conditions of my employment differ from those of similar employees		
	retaliation		
	harassment		
	other conduct (specify):		
Did	you complain about this same conduct in your charge of discrimination?		
	V Yes No		

11.

religion

(Continue to page 6, if additional space is needed.)

national origin

I believe that I was discriminated against because of my (check all that apply):

	color				
	gender				
	disability				
	age (birth yea	ar is:)		
	other:				
					•
Did	you state the same reason	on(s) in your charge	of discrimination?		
	Yes		No		
is involved i	State here, as brieflecifically the conduct that in the conduct. Take time it helpful. It is not necessity	nt you believe is discri to organize your stat	minatory and descri tement; you may use	be how each defence numbered paragra	dant
aski Walk	ng Aprestion Having my Constan	o in appro	piately 1e mplayed 1	garding f and Conti	he way I racted
my disc	abilities and or how	nd why	1 Would	dwant	to be
disabile	ed or hou	sam 170	Jance Dic	9 force	ing white
leading m	ne to viewe 1	WI WILL	CIMINCE FIR		V 3000

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Case: 4:20-cv-01621-SRC Doc. #: 1 Filed: 11/16/20 Page: 6 of 18 PageID # 6 Off work. I had to enroll into Health Insurance \$180 | Couldn't even afford to have a doctor help me with Some of My 1 ssues. | even asked if I could just have a Particular Parking Spot next to the door and one Minute it's okay the next I have to wait Immy Car to Park I was forced to Come in on my days off Work for One hour mardatory Meetings that most Of the other Employees did not attend. I was asked to work only 4 days a week So this other Person Could also have 32 hours and full time employment. I have everything in émails and l'requested audio avideo although henry a Cvs refused to allow me to have access for Proof. I have been Wrongfully terminated due to the last girl they hired to force me to quit and I refused to because I need funds to Survive.

(Attach additional sheets as necessary).

13. The acts set forth in paragraph 12 of this complaint:	
are still being committed by the defendant.	
are no longer being committed by the defendant.	
may still be being committed by the defendant.	
REQUEST FOR RELIEF	
State briefly and exactly what you want the Court to do for you. Make no legal arguments;	
want to have this on their Permenant record and they Should hopefully learn om their Mistakes. Complaints that are light and Should be taken Seriously and with Care and Support and offer to assist the helpless pearing support and offer to assist the helpless pearing	na
14. Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of	

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I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of November, 2020.
Signature of Plaintiff athletine ann Mamle